EXOS FORM™ II
626/627

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

THIS PRODUCT IS INTENDED FOR APPLICATION BY A QUALIFIED INDIVIDUAL AS DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL. THIS IS A PREFABRICATED ORTHOSIS. IT IS INTENDED TO BE CUSTOMIZED TO AN INDIVIDUAL PATIENT. FOLLOW THE STEPS BELOW TO CUSTOMIZE.

STEP 1 - MEASUREMENTS

1. Lower rib circumference =
2. Hip circumference =

TIME SPENT: ________________

STEP 2 - CUSTOMIZE LORDOTIC INSERTS TO ANATOMY

Heat form to patient’s anatomy and contour to create intimate fit for individual lordosis.

A. Remove the inserts from the Rear Panel Section.
B. Heat inserts until malleable.
C. Shape appropriately and let cool.
D. Reinsert the inserts into the Rear Panel Section (Exos logo should be facing up and towards patient’s back).

TIME SPENT: ________________

STEP 3 - CUSTOMIZE SIZING

SIZING IS CRITICAL TO PROPER PERFORMANCE

Use the measurements below to customize to patient’s anatomy.

A. It may be necessary to adjust Belt Wing length by trimming.
   To customize the Belt Wing length:
   1. Use waist circumference (average of 1 and 2 ___________) to determine proper sizing.
   2. Trim Belt Wing according to removable Measuring Tape.
B. Add-on component (Front Panel) may require factoring in more Belt Wing length.

☐ YES. AMOUNT CUT ____________________ ☐ NO

TIME SPENT: ________________
**STEP 4 - MODIFY FRONT PANEL**

MODIFY FRONT PANEL AS NECESSARY

TIME SPENT: ____________

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**STEP 5 - CUSTOMIZE BELT FIT**

ANGLE BELT WINGS

Circumferential contact at both upper and lower margins of brace is essential for proper brace performance and support. Determine angulation for proper fit.

Angle Belt Wings:

- [ ] Neutral
- [ ] Inferior Angulation
- [ ] Superior Angulation

TIME SPENT: ____________

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**STEP 6 - EDUCATION**

EDUCATE PATIENTS

Proper education is needed for individual to maintain proper fit throughout total time of wear.

Items to educate patients on:

- [ ] BOA Closure System
- [ ] Proper angulation to ensure circumferential contact
- [ ] Proper cleaning
- [ ] Watch patient application video
- [ ] Don and doffing
- [ ] Proper placement of brace
- [ ] Follow up appointments
- [ ] Provide patient application instruction sheet

TIME SPENT: ____________

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TOTAL TIME TO CUSTOMIZE BRACE: ____________